# A TOOLKIT FOR ADOLESCENT SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

FUNDED BY:
IOWA DEPARTMENT OF PUBLIC HEALTH
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PRESENTED BY:
TRACY MCPHERSON, PHD
NORC AT THE UNIVERSITY OF CHICAGO

MODERATED BY:
CARA WEIS, MPA
IOWA DEPARTMENT OF PUBLIC HEALTH





## Housekeeping

- □ CEUs: Approved for 1 hour Substance Abuse Continuing Education Unit
- □ Follow-up Email: CSAT Baseline & 30 Day Follow-up Survey
- □ IDPH Webinars:
  - https://idph.iowa.gov/substance-abuse/families-in-focus
  - <a href="https://register.extension.iastate.edu/adolescent">https://register.extension.iastate.edu/adolescent</a>





#### Presenter



Tracy McPherson, PhD

Senior Research Scientist
Public Health Department
NORC at the University of Chicago
4350 East West Highway 8th Floor
Bethesda, MD 20814
McPherson-Tracy@norc.org



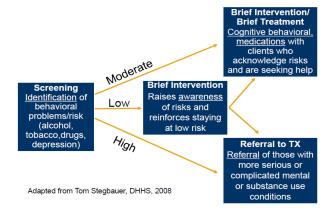


## Learning Objectives

- □ Learn how to use brief validated screening tools to identify adolescent alcohol and other substance use.
- Learn about resources and protocols available to practitioners to guide the delivery of brief interventions with adolescents.
- □ Gain access to a toolkit of free materials and resources available to support health professional training and implementation of adolescent screening, brief intervention, and referral to treatment.

## **SBIRT Approach**

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at-risk for developing them.



## Why Adolescent SBIRT?

#### SBIRT Aims To:

- Increase early identification of adolescents at-risk for substance use problems.
- Build awareness and educate adolescents on U.S. guidelines and risks associated with substance use.
- Motivate adolescents at-risk to reduce unhealthy, risky substance use; and adopt health promoting behavior.
- Motivate adolescents to seek help and increase access to care for adolescents with (or at risk for) a substance use disorder.
- Foster a continuum of care by integrating prevention, intervention, and treatment services.

Addressing substance use as part of addressing the whole health of adolescents.

## Importance For Adolescents

- Alcohol can have lasting effects on brain development.
- Age of first use inversely correlated with lifetime incidences of developing a substance use disorder.
- Associated with other unhealthy behaviors.
- Often goes undetected.

#### Past-year drinking (more than one or two sips) is reported by:

**1 in 15** 12-year-olds **1 in 4** 14-year-olds **1 in 2** 16-year-olds

2 in 3 18-year-olds

#### Adolescent SBIRT In The Workforce

- □ Health professional training efforts have been slow but growing.
  - Support from federal agencies to educate pre-service professionals and the existing workforce is necessary but insufficient. Need mechanisms for bringing education to scale.
  - Social work, nursing and other health professionals need to be prepared to work in a range of settings where adolescents and young adults receive services, and where SBI is being implemented.

#### Where SBIRT Happens with Adolescents and Young Adults











- Primary care
- Trauma
- Emergency Department
- Hospital Inpatient
- Colleges/Universities
- School-based Health Centers
- Federally Qualified Health Centers
- Community Mental Health Centers
- Counseling
- Addiction Treatment

- Community Youth Programs
- Juvenile Justice, Drug Courts
- Employee Assistance Programs
- Peer Assistance Programs
- Health Promotion and Wellness Programs
- Occupational Health and Safety, Disability Management
- Dental Clinics
- HIV Clinics
- Faith-based Programs

#### AAP and AMA Clinical Guidelines

The American Academy of Pediatrics and the American Medical Association recommend that pediatricians and other health care providers who work with children and adolescents conduct routine substance use screening and brief interventions using motivational interviewing techniques and that they be familiar with a network of treatment providers should an outside referral be necessary.

#### U.S. Preventive Services Task Force

□ U.S. Preventive Services Task Force released a Recommendation Statement on Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults indicating the current state of evidence is "insufficient" (i.e., an "I" rating) to assess the balance of benefits and harms for alcohol screening and brief counseling for youth aged 12 to 17.

#### Call to Action

- Alcohol Use Screening and Behavioral Counseling With Adolescents in Primary Care: A Call to Action (2018) outlines future directions for research and funding needs to address this critical gap in evidence in the hopes of building enough evidence to achieve a more definitive statement on this topic by the next USPSTF recommendation and review.
- Editorial Released January 2019
   <a href="https://jamanetwork.com/journals/jamapediatrics/article-abstract/2714290">https://jamanetwork.com/journals/jamapediatrics/article-abstract/2714290</a>



## Adolescent SBIRT

Screening Using the CRAFFT, CRAFFT+N 2.1 and S2BI (and other tools) Brief Intervention and Referral to Treatment Guidelines Brief Negotiated Interview (BNI) Adolescent Algorithm Confidentiality and HIPAA Resources

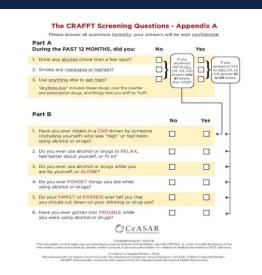
## **Screening Tools**

- CRAFFT
- □ CRAFFT 2.0
- □ CRAFFT 2.1
- CRAFFT-N 2.1
- □ S2BI
- BSTAD

## **CRAFFT Original Version**



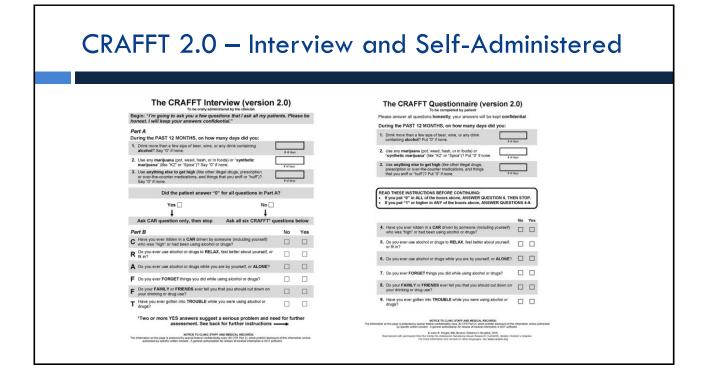
Asks age-appropriate questions about risky alcohol and drug use.



#### **CRAFFT Tools**

- Developed by John Knight and colleagues at The Center for Adolescent Substance Abuse Research (<u>CeASAR</u>) at Harvard Medical School and Boston Children's Hospital.
- □ CRAFFT website: <a href="http://crafft.org/">http://crafft.org/</a>
- □ Target population: age 14-21 years old.
- All versions of the CRAFFT should be administered using the specific wording as written.

#### CRAFFT - Interview and Self-Administered The CRAFFT Screening Interview The CRAFFT Screening Questions Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential." Part A During the PAST 12 MONTHS, did you: No 1. Drink any atacholo (more than a few spen)? 2. Smoke any marijuana or hashish? During the PAST 12 MONTHS, did you: | -} Drink any <u>alcohol</u> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.) 2. Smoke any marijuana or hashish? "anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "hul For clinic use only: Did the patient answer "yes" to any questions in Part A? Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was 'high' or had been using alcohol or drugs? Do you ever use alcohol or drugs while you are by yourself, or ALONE? 2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit Do you ever FORGET things you did while using alcohol or drugs? 3. Do you ever use alcohol or drugs while you are by yourself, or ALONE? 4. Do you ever FORGET things you did while using alcohol or drugs? Do you ever use accons or drugs white you are by yourset, or ALONE? O you ever FORGET things you did white using alcohol or drugs? Oby our FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? Have you ever gotten into TROUBLE while you were using alcohol or drugs? 6. Have you ever gotten into TROUBLE while you were using alcohol or drugs? CONFIDEMINALTY NOTICE: The information recorded on this page may be protected by special referral confidentially rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOTI sufficient for this purpose. The information on this page may be protected by special federal confidentially rules (42 CFR Plat 2), which prohibit disclosure of this information unless authorized by specific written consent. A governal authorization for release of medical information is NOT sufficient. © CHILDREN'S HOSPITAL BOSTON, 2009, ALL RENTS RESERVED. © CHILDREN'S HOSPITAL BOSTON, 2009, ALL RENTS RESERVED. Reproduced with permission from the Center for Addessert Substance Abuse Research, CeASAR, Children's Hospital Boston. (www.ceasar.org) Children's Hospital Beston, 2009. Reproduced with permission from the Cenne for Addescent Substance Abuse Research, CeASAR, Children's Hospital CRAFFT Reproduction produced with support from the Massachusetts Behavioral Health Partiership.



### CRAFFT, CRAFFT 2.0, vs. CRAFFT 2.1

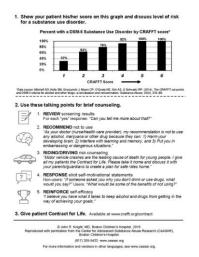
CRAFFT vs. CRAFFT 2.0 and 2.1 have only a few but important differences.

- □ Similarities:
  - Target population: CRAFFT 2.0 validated with adolescents aged 12-18.
  - All ask about past 12 month substance use.
  - All are two-tiered tools with Part A and B.
  - □ Part B items remain the same.
  - Scoring remains the same.



#### CRAFFT, CRAFFT 2.0, vs. CRAFFT 2.1

- □ Revisions now in CRAFFT 2.0 and 2.1:
  - Part A asks about <u>frequency of use</u> rather than "Yes/No" questions about use of alcohol or drugs.
  - Part A adds examples of substances.
  - Offers revised "Talking Points 5 R's of Brief Counseling" as a tool to guide the brief intervention.
- □ Revisions now in CRAFFT 2.1:
  - Part A item 3 now includes "vaping".



#### CRAFFT+N 2.1

- □ CRAFFT+N 2.1 similar to other versions.
- □ N stands for "nicotine".
- □ It expands CRAFFT 2.1 beyond "vaping".
- □ Part A includes a 4<sup>th</sup> item to assess use of any tobacco or nicotine in the past 12 months.
- □ Part B remains the same.

	The CRAFFT+N Questionnaire To be completed by patient		
Ple	ase answer all questions honestly, your answers will be kept confid	lential	
Du	ring the PAST 12 MONTHS, on how many days did you:		
1.	Drink more than a few sips of beer, wine, or any drink containing alcohol? Put "0" if none.	leys .	]
2.	Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")? Put "0" if none.	Iro	]
3.	Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none.		]
4.	Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)?	litys	]
	If you put "1" or higher in ANY of the boxes above, ANSWER QUEST		
Ŀ	is you par 1 or ingine in riter of the source more, retained dozen		-
5.	Have you ever ridden in a CAR driven by someone (including yourself)	No 🗆	-
			-
6.	Have you ever ridden in a CAR driven by someone (including yourself) who was 'high' or had been using alcohol or drugs?  Do you ever use alcohol or drugs to RELAX, feel better about yourself,	No	
6.	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using a solvid or drougs? Do you ever use alcohol or drugs to RELAX, feel befler about yourself, or fit in?	No	-
6. 7. 8.	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or "had been using shorted of diago?"  Do you ever use stoohol or drugs to RELAX, feel better about yourself, or it is n?  Do you ever use allochol or drugs while you are by yourself, or ALONE?	No	-
6. 7. 8. 9.	Here you ever ridden in a CAR driven by gomeone (including yourself) who was "high" had been using alcohol or drugs?  Do you ever use alcohol or drugs to RELAX, feel better about yourself, or it is to?  Do you ever use alcohol or drugs while you are by yourself, or ALONE?  Do you ever PRORET things you did while using alcohol or drugs?  Do you ever FRORET things you did while using alcohol or drugs?  Do you ever FRORET things you did while using alcohol or drugs?	No	-
6. 7. 8. 9.	Here you ever ridden in a CAR diven by someone (including yourself) who was "high" of had been using alcohol or drugs?  Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit on?  Do you ever use alcohol or drugs while you are by yourself, or ALONE?  Do you ever DORGET things you did while using alcohol or drugs?  Do you FAMILY or FRENDS ever tell you that you should cut down on your driking or drug use?	No	

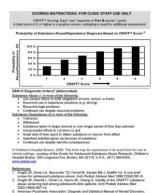
#### Scoring and Interpreting the CRAFFT Tools

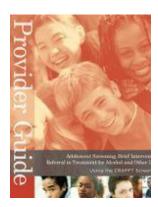
Each "Yes" response in Part B is added to produce the screening score:

- □ CRAFFT Scores of 0 or 1: "Low Risk"
  - Provide positive feedback, brief advice and encouragement.
- □ CRAFFT Scores 2-6: "High Risk"
  - Assesses for acute danger/signs of a substance use disorder.
  - Provide brief intervention; consider referral to treatment.
- □ CRAFFT Scores 5-6: "Very High Risk"
  - Assesses for acute danger/signs of a substance use disorder.
  - Provide brief intervention with goal of acceptance of referral to treatment.

#### CRAFFT Interpretation and Intervention Guidance

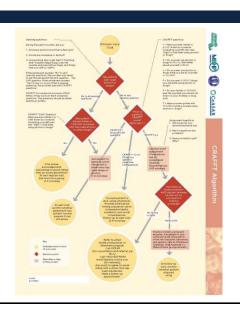
□ Guides delivery of brief intervention based on CRAFFT score.





## **CRAFFT Algorithm**

- □ Guides delivery of brief intervention and referral.
- Adolescent Screening, Brief
   Intervention, and Referral to
   Treatment for Alcohol and Other
   Drug Use Using the CRAFFT
   Screening Tool: Provider Guide



## S2BI - "Screening to Brief Intervention"

- Developed by Boston's Children's Hospital.
- □ Target population: age 12-17 years old.
- □ Validated as an electronic and paper screening tool.
- □ Self-administered or conducted as an interview.
- □ 7 items assess the frequency of substance use in the past year.
- □ Categorizes substances into 7 categories.
- □ Based off the DSM-5 diagnoses for Substance Use Disorder.
- □ Easy to use.
- □ Paired with CRAFFT as a brief assessment following S2BI.

#### S<sub>2</sub>BI

- □ Ask the first 3 questions.
- □ STOP if "Never" to all.
- Otherwise CONTINUE to remaining 4 questions.

Electronic Administration Available: <a href="https://www.drugabuse.gov/ast/s2bi/#/">https://www.drugabuse.gov/ast/s2bi/#/</a>

## S2BI: Screening to Brief Intervention In the past year, how many times have you used

- · Tobacco?
- · Alcohol?
- · Marijuana?

#### STOP if all "Never." Otherwise, CONTINUE.

- Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
- · Illegal drugs (such as cocaine or Ecstasy)?
- · Inhalants (such as nitrous oxide)?
- Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?

#### Never

Once or twice

Monthly

Weekly

L.

Boston Children's Hospital 2014. All Rights Reserved. For permissions contact asap@childrens.harvand.ed





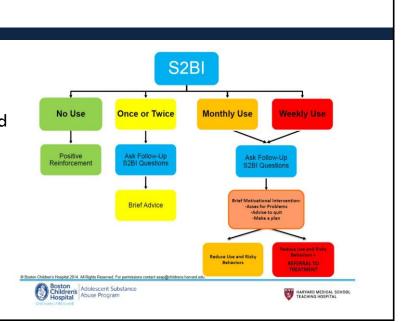
## Interpreting the S2BI

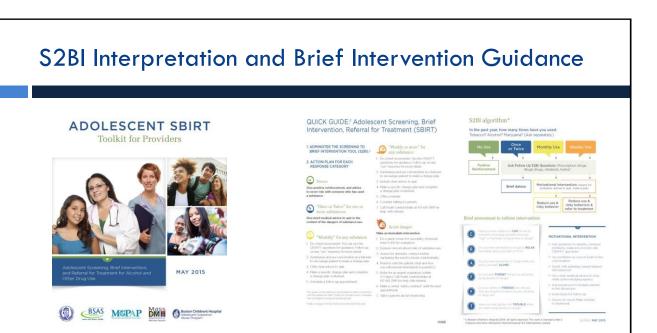
□ Frequency of use identified in the first 3 questions are used to assess level of risk for a substance use disorder and determine the level of brief intervention.

Frequency of using tobacco, alcohol, or marijuana	Risk Level	Brief intervention
Never	No use	Positive Reinforcement
Once or Twice	No Substance Use Disorder	Brief Advice
Monthly	Mild/Moderate Substance Use Disorder	Further assessment, brief motivational intervention
Weekly or more	Severe Substance Use Disorder	Further assessment, brief motivational intervention, referral

## S2BI Algorithm

 Guides next steps in screening and delivery of brief intervention and referral.





**S2BI Quick Guide** 

## **BNI** Adolescent Algorithm

**Adolescent SBIRT Toolkit for Providers** 

BNI Steps	Elements	Example Dialogue
Engagement	Build rapport	"Before we start, I'd like to know a little more about you. Would you mind telling me a little bit about yourself?"  "What is a typical day like for you?"  "What do you like to do for fun?"  "What are the most important things in your life right now?"  "Tell me about when you first used alcohol. What was it like for you?"
Pros and Cons	 Explore pros and cons Use reflective listening Reinforce positives Summarize	"I'd like to understand more about your use of (X). What do you enjoy about (X)? What are the good things about using(X)? What else?"  "What do you enjoy less about (X) or regret about your use?"  "What is not so good about using (X)?"  If NO con's: Explore problems mentioned during the screening. "You mentioned that Can you tell me more about that situation?"  "So, on one hand you say you enjoy (X) because And on the other hand you say"
Feedback	Ask permission Provide information Elicit response	"I have some information about the guidelines for low-risk drinking, would you mind if I shared them with you?"  "We know that for adolescents drinking alcohol and using other substances such as marijuana, prescription and over-the-counter medications can put you at risk for problems in school, accidents, and injuries especially in combination with other drugs or medication. [Insert medical information.] It can also lead to problems with the law or with relationships in your life."  "What are your thoughts on that?"  "In what ways is this information relevant to you?"

## **BNI** Adolescent Algorithm

BNI Steps	Elements	Example Dialogue
Readiness Ruler	Readiness scale     Reinforce positives     Envisioning change	"To help me better understand how you feel about making a change in your use of (X), [show readiness ruler] On a scale from 1-10, how ready are you to change any aspect related to your use of (X)?"  "That's great! It mean's your% ready to make a change."  "Why did you choose that number and not a lower one like a 1 or a 2?"  "What would have to be different for you to choose a higher number?"  "It sounds like you have reasons to change."
Negotiate Action Plan	Write down Action Plan Envisioning the future Exploring challenges Drawing on past successes Benefits of change	"What are you willing to do for now to be healthy and safe?What else?"  (If more than one goal is identified): "What is the most important goal?"  "What are some challenges to reaching your goal?"  "Who could support you with this goal?"  "How does this change fit with where you see yourself in a year? In five years?"  "If you make these changes, how would things be better now? In five years?"
Summarize and Thank	Reinforce resilience and resources Provide handouts Give action plan Thank the patient Schedule follow up	"Let me summarize what we've been discussing, and you let me know if there's anything you want to add or change" [Review action plan.]  [Present list of resources, if more services are warranted]: "Which of these services, if any, are you interested in?"  "Here's the action plan that we discussed, along with your goals. This is really an agreement between you and yourself."  "Thanks so much for sharing with me today!"  "Would you mind if we went ahead and set up a follow up appointment in [X] weeks so I can check in with you to see how things are going?"

## Confidentiality & HIPAA Tools

lowa Department of Public Health Legal Action Center

#### **IDPH** Actionline

□ Iowa Licensed Substance Use Disorder Treatment providers and state agencies may access the Legal Action Center Actionline for questions about 42 CFR Part 2.

https://lac.org/wp-content/uploads/2017/10/LAC-ActionLine-2017.pdf

- Phone-based consultation service about federal law and regulations protecting substance use disorder (SUD) patient confidentiality, which is known as 42 CFR Part 2.
- ☐ If you have difficulty accessing this resource, please contact lori.hancock-muck@idph.iowa.gov

## **Legal Action Center Resources**

Federal Alcohol & Drug Confidentiality Rules and SBIRT Services: https://lac.org/confidentiality-sbirt/

- Tool #1 Do Federal Alcohol & Drug Confidentiality Rules Apply to Your SBIRT Services?
- Tool #2 SBIRT and the Federal Alcohol
   Drug Confidentiality Rules The Basic Requirements
- Tool #3 SBIRT and the Federal Alcohol
   Drug Confidentiality Rules –Common
   Scenarios





DOES 42 CFR PART 2

APPLY TO YOUR SBIRT SERVICES?

Tool #2
SBIRT AND THE FEDERAL ALCOHOL
& DRUG CONFIDENTIALITY RULES THE BASIC REQUIREMENTS
Second in a vertex about SBIRT and confidentiality

Tool #3
SBIRT AND THE FEDERAL ALCOHOL
& DRUG CONFIDENTIALITY RULES COMMON SCENARIOS
Title in series about SBIT and confidentially

## **Legal Action Center Resources**

- Substance Use Confidentiality Resource List
   <a href="https://lac.org/resources/substance-use-resources/confidentiality-resources/">https://lac.org/resources/substance-use-resources/confidentiality-resources/</a>
- Sample Forms: Substance Use Confidentiality
   <a href="https://lac.org/resources/substance-use-resources/confidentiality-resources/sample-forms-confidentiality/">https://lac.org/resources/substance-use-resources/confidentiality-resources/sample-forms-confidentiality/</a>
- Confidentiality and Communication: A Guide to the Federal Drug & Alcohol Confidentiality Law and HIPAA (book)

https://lac.org/resources/substance-use-resources/confidentiality-resources/

## Adolescent SBIRT Toolkit

Learner's Guide to Adolescent SBIRT

SBI with Adolescents Simulation
Instructor's Toolkit for Trainers and Educators





## Webinars & On-Demand Learning



Download this flyer from our website!

- □ Adolescent Substance Use Screening Tools: A Review of Brief Validated Tools
- □ Integrating Suicide Prevention into the SBIRT Model
- Primary Care Professionals' Readiness to Integrate Behavioral Health: A National Survey
- □ Adolescents, Young Adults and Opioid Use: When Is It a Problem? What to Do?
- □ Adolescent Substance Use: Contemporary Trends in Prevention and Treatment
- □ Integrating Adolescent SBIRT Education into Health Professional Training: Findings from A National Effort to Prepare the Next Workforce

https://sbirt.webs.com/webinars

#### SBI with Adolescents Simulation

- □ Virtual patient/client online simulation training SBI with Adolescents complements the Learner's Guide to Adolescent SBIRT training curriculum.
- □ 2.0 ANCC CNE, 2.0 NASW, 2.0 CME AMA PRA Category 1 Credits™
- Watch Trailer and Take Demo: https://kognito.com/products/sbi-withadolescents







Conversations that change lives.

#### **Simulation: SBI with Adolescents**

#### **Learning Objectives:**

- Understand SBIRT process and roles
- Screen with evidence-based tools
- Conduct brief interventions using MI and BNI
- Provide coordinated referrals to treatment

#### **User Experience:**

- Didactic modules about substance use, MI techniques, BNI steps
- Conversations with 3 virtual adolescents
- Settings include hospital ED, school nurse/counselor and primary care
- Competency assessment, user dashboard



CE: 2.0 ANCC CNE, 2.0 NASW, 2.0 CME AMA PRA Category 1 Credits™

More Info: Contact Kognito at 212-675-9234 or info@kognito.com

#### Learner's Guide to Adolescent SBIRT

- Developed by NORC with funding from the Conrad N. Hilton Foundation.
- Comprehensive training curriculum focused on working with adolescents and young adults.
- □ Training guide, slide deck, evaluation measures.
- Examines each component of SBIRT and motivational interviewing skills.
- Each module includes:
  - Learning Objectives
  - Suggested Readings
  - Sample Conversations and Dialogue
  - Role Play Activities
- Used as part of training, education, and self-paced learning.



Module 1	What is SBIRT for Youth and Why Use it?
Module 2	Screening
Module 3	Brief Intervention
Module 4	Referral to Treatment and Follow-up
Module 5	Motivational Interviewing Strategies

#### How To Order

- □ Electronic versions of the Learner's Guide and slide deck available free of charge.
- □ Hardcopy available at cost of printing plus shipping.
- Order forms available online.



Request a free electronic copy:

https://sbirt.webs.com/curriculum





#### **Toolkit Preview**

#### What is SBIRT and Why Use It?

#### Learning Objectives

- Learn what SBIRT stands for and what each component means.
- Understand why SBIRT is relevant and important for use with adolescents and young adults.
- Understand the impact of use of alcohol and other substances in the lives of adolescents.
- Learn how alcohol use is measured—what constitutes one drink.
- Recognize the prevalence of substance use among youth.

#### Suggested Readings

- Babor TF, McRee BG, Kassebaum PA, Grimaldi PL, Ahmed K, Bray J. Screening, brief intervention, and referral to treatment (SBIRT): Toward a public health approach to the management of substance abuse. Substance Abuse. 2007; 28(3):7-30.
- U.S. Preventive Services Task Force. Final Recommendation Statement: Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care. Washington, DC: U.S. Preventive Services Task Force;
- American Academy of Pediatrics Committee on Substance Abuse, Levy SJ, Kokotailo PK. Substance use screening, brief intervention, and referral to treatment for pediatricians. Pediatrics. 2011; 128(5):e1330-e1340.
- Substance Abuse and Mental Health Services Administration. White Paper on Screening, Brief Intervention, and Referral to Treatment in Behavioral Healthcare. Rockville, MD: Substance Abuse and Mental Health Services Administration; April 2011.

#### Screening Tools

Several good screening questionnaires are available for asking adolescents about alcohol and other substance use. In this module, we highlight a few validated tools that are most common for SBIRT.<sup>60</sup> The screenings covered in this module include:

Screening Tool	Target Population	Method of Administration	Cost
CRAFFT	Adolescents under the age of 21	Paper and electronic; interview	Publically available
AUDIT-C and AUDIT	Adolescents, Young Adults and Adults	Paper and electronic; interview	Publically available
GAIN-SS	Adolescents and Adults	Paper and electronic; interview	Licensing costs \$100 per agency and covers giver years of unlimited use of paper assessments. See http://www.gaincc.org/products- services/licensing/
S2BI	Adolescents	Paper and electronic; interview	Publically available

This module will introduce the above tools along with example role plays and sample dialogue that can be used to introduce how to effectively screen.

#### Risky Adolescent Alcohol Use

There are different schools of thought about how to conceptualize and define risk. Regardless of which school you adhere, it is important to understand how risk may play into an adolescent's use. The screening tools presented in this module are designed to help practitioners assess risk. Below we present different conceptualizations of risk offered by the American Academy of Pediatrics and the National Institute on Alcohol Abuse and Alcoholism.

The American Academy of Pediatrics (AAP) has identified four general patterns of substance use risk based on using the CRAFFT screening tool that is described in further detail later in this module: 35

Low Risk (Abstinence): Adolescents who report no use of tobacco, alcohol or other drugs and report
that they have not ridden in a car with a driver who has been using alcohol or other drugs.

### Sample SBI Interactions

#### Sample Interaction: Screening with the CRAFFT

she was caught spray painting graffin after school. Because this was her first offense, she was instructed to participate in a school-based diversion program for one year. During her first session in the program, Mary met with Steve, a social worker who conducted a risk assessment to identify any behavioral health issues and to connect Mary to appropriate services. In order to identify risky substance use along a broader continuum, the school-based diversion program integrated the CRAFT screening questions into their risk assessment, replacing the assessment's standard substance use questions.

The dialogue for the in-person CRAFFT screening is presented below. Other areas of the risk assessment are mentioned in the dialogue, but are not included in this sample interaction. The scoring of the CRAFFT is calculated and noted in parentheses throughout the dialogue.

Practitioner: Hello, Mary Adolescent: Hi.

Practitioner:

Practitioner: How are you feeling today?

Practitioner: It sounds like you aren't feeling great, but not feeling too bad either. Is this

Adolescent: Yeah, whatever. I'm ok. I just don't feel like talking.

with, materier: I m ok I just don't feel like talking.

Well, as part of my role in this program. I ask a set of questions to everyone on their first alsy in the program. These questions will help me learn more about you and help you to get the most out of this program. The questions are about achool and dray use, anger and tritability, depression and anxiery, physical complaints, suicidal thoughts, and traumatic experiences. Is it olay if I ask you these questions? They won't take too long to complete, and you're stuck with m today anyway.

Are you going to share my answers with my parents?

No, everything you tell me today will be kept between us unless I feel that your safety, or the safety of others, is at risk. If I think I may need to share anything with your parents, then I will always talk with you about it first.

As long as you talk with me first. Practitioner:

#### Sample Interaction: Screening and Brief Intervention with

Setting: Mary, a 16 year old high school junior, was arrested for vandalism of school property when she was caught spray painting graffiti after school. Because this was her first offense, she was instructed to participate in a school-based diversion program for one year. During her first session in the program, Mary met with the practitioner (Steve) who conducted a risk assessment to identify any behavioral health issues and to connect Mary to appropriate services. The practitioner conducted a screening using the CRAFFT questions and Mary scored positive, indicating the need for further

Practitioner: Thanks for bearing with me and answering all of those questions. Now, I'd like to learn a little more about you. What is a typical day like for you?

Adolescent: It's boring. I wake up, go to school, and sit through very long classes. Then I ge home and watch TV. Some days I stay after school for my art class. My mom comes home at some point. After dinner I do my homework. Then it starts all over again the next day.

Adolescent: My grades. I really want to get into art school. That is why I sometimes stay after school. To continue working on my assignments. My teacher also lets me work on some new projects if I finish the assigned ones early.

Practitioner: So you're interested in art. What kind is your favorite?

Practitioner: That sounds like fun. I'm glad you enjoy that. Based on your responses to so of my questions. I was wondering If you'd mind taking a few minutes to talk about your alcohol use? How does your use fit into your typical day?

Well I don't drink every day. As I said, my days are usually same old same old I focus on my studies and don't have much of a life outside of school. My mom Tyosas on my studies and don't nave much of a tipe onistile of schools. My mon noticed that something was bothering me and encouraged me to spend time with friends. But I'm not that comfortable socially. So, I went to a party with a couple of friends from my class and there was drinking. I drank as well, so I'd fit in. I met some new friends who showed me some of their awesome graffiti art when I was there. So I like to drink when I'm with these friends because we hav

#### SBI Role Plays

#### S2BI Role Play

Role Play Exercise: Partner with someone to practice administering the S2BI. One person will act as the practitioner and the other will act as an adolescent seeking help for some bothersome behaviors. Use the blank \$2BI in Appendix A to complete the role play.

Adolescent: You are a 13-year-old who has recently been using alcohol on the weekends and has been struggling with your new school. You don't want to talk with someone but your parents think it could be helpful, especially since you have transitioned to a new school this year.

Role Play Exercise: Partner with someone to practice conducting a brief intervention. One person will act as the practitioner and the other will act as an adolescent seeking help for some bothersome behaviors. The adolescent has scored at risk

The practitioner can assume for this role play that the adolescent has been handed off to you by another professional (e.g., medical assistant, physician, nurse, office staff, and health educator).

You might start providing feedback about screening, by saying:

"Hi, my name is \_ and I am a <job title> here. Is it okay if I took about 10 minutes of your time to discuss the results of the screen you just completed? Let's start by talking about your responses on the screen and exploring more about your experiences with alcohol or other drugs. I'm not going to lecture you or tell you what to do about alcohol and drugs; you're in charge of you and only you can make those decisions. I just want to think with you about your use and how it fits into your life. Would this be okay?"

Adolescent: You are a 13-year-old adolescent who has recently been using alcohol on the weekends and has been struggling with your new school. You don't want to talk with someone but your parents think it could be helpful especially since you have transitioned to a new school this year.

#### Case Studies

#### BNI-ART Institute Case Study José Gonzales

Background: Jose is 19 years old and employed as an auto garage attendant. While at work this morning he dropped a heavy wrench onto his foot from a height of five feet. He arrives to the ED via private transport, limping heavily. He appears very despondent.

Physical Exam: Foot appears swollen. No numbness, no tingling; question of bone tenderness; negative x-ray from triage of foot. He has no past medical history. He has a history of depression, reports drinking alcohol daily, and reports tobacco use. Family history is not contributory in this case. He reports some nausea, and also complains of headache. He believes this might be related to his drinking.

Screening Results: Jose drinks a pint of hard liquor (11 shots) every week day and a pint and a half (15 shots) every weekend. He also reports on the CRAFFT questions, to driving a car after drirking and/or riding with someone who has driven after drinking. He consumes alcohol by himself. His family and friends have cautioned him to cut back, and he also forgets things while he drinks. Joe drinks to feel better about himself, and reports having lost interest in activities that he used to enjoy.

#### PATIENT

#### BACKGROUND:

Jose: You are a 19-year-old auto garage attendant who hates his job. After changing oil filters all day, you go to the liquor store and buy a pint of hard liquor (11 shots) on your way to your cousin's house. You get plastered "with all the other winos," stumble home, go to bed and wake up the next morning hung over and begin the cycle all over again. On the weekends, you consume one and a half pints (15 shots) hard liquor each day. You live with your father who tells you to "lay off the booze." You've tried AA in the past, and have also spoken to your doctor about "medications to control the drinking, stress, and anger.

#### IF PROVIDER ASKS YOU ABOUT PROS & CONS:

Pros: You like to drink because alcohol numbs the pain, both physical and emotional. It helps you to escape to "a little fantasy land." You also like that alcohol enhances your confidence, making you fearless and granting you "liquid courage.

Cons: You don't like the hangovers every morning. Alcohol gets you into trouble with girls, friends, your family, and also the law. You feel dependent upon alcohol; "like a baby needs his pacifier," you always need your "little bottle."

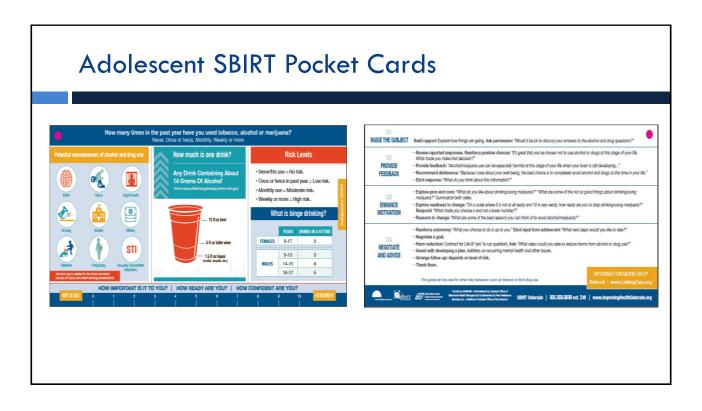
IF A PROVIDER ASKS YOU ABOUT YOUR READINESS: You identify yourself on the Readiness Ruler as 8 out of 10. You do not choose 5 because you have already tried ways to curb your drinking, although they were unsuccessful. You are tired of the way you live your life.

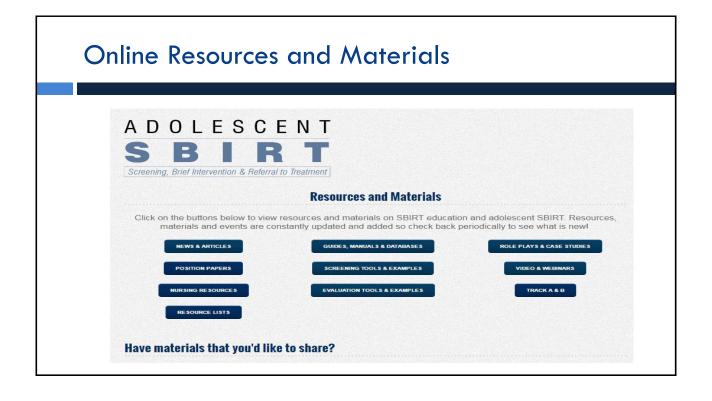
IF A PROVIDER SUGGESTS PLAN/NEXT STEPS: You admit that quitting all together is the only way you can stop drinking. You are willing to try but do not think it will work. You have so much stress that you can always find a reason to drink. If prompted by the provider to make an action plan: You will "lose the losers" you call your friends and seek out people you know who will give you positive support. You agree abstain from alcohol accepts a referral for detox. You also agree to follow-up with your primary care physician.

## **Appendix**

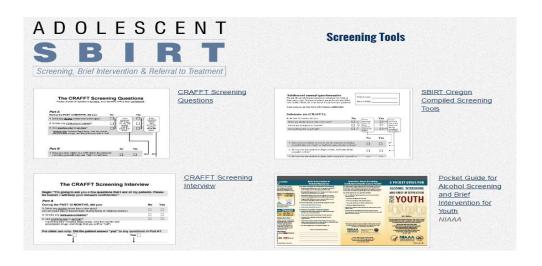
- Screening Tools
- Standard Drink Chart
- DSM Criteria
- Goal Sitting Exercise
- Change Plan Worksheet
- Mutual Support Groups
- Brief Intervention Observation Sheet

- Brief Intervention Case Studies
- Sample Release Forms
- Sample Client Update Report
- Decisional Balance Worksheet
- Pocket Card





## **Screening Tools**



## **Screening Tools**

□ Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD) – provides a two-stage screen to identify risky substance use by adolescent patients by asking a single frequency question for past year use of the three substances most commonly used by adolescents: tobacco, alcohol, and marijuana. Adolescents who report using any of these substances are then asked questions about additional substance use modeled after the NIAAA Youth Guide. If respondent is aged 12 to 14, friends questions are asked first; if aged 15 to 17 (or 14-year-olds in high school), personal-use questions are asked first.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4006430/

## Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)

#### Initial 3 questions:

"In the past year, on how many days...

- Have you had more than a few sips of beer, wine, or any drink containing alcohol?
- Have you smoked cigarettes or used other tobacco products?
- Did you use marijuana?"

Followed by an assessment of friend's use and their personal use across specific substances including current use, past 30 days, past 90 days and past year.

#### Supported by NIDA:

https://www.drugabuse.gov/news-events/nidanotes/2015/07/rapid-teen-substance-use-screening-tool-clinicians

Electronic administration available:

https://www.drugabuse.gov/ast/bstad/#/

Do you have friends who smoked cigarettes or used other tobacco products in the past year?	□ No	□ Yes
	L NO	LI 108
Do you have friends who drank beer, wine, or any drink containing alcohol in the past year?	□ No	□ Yes
Do you have friends who in the past year:	LJ NO	L 108
- sniffed or "huffed" anything; - took illegal drugs like marijuana (weed, blunts), cocaine, etc;		
- took prescription medications that were not prescribed for them; or		
- took prescription or over-the-counter medications and took more than they we	ere supposed t	take?
	□ No	□ Yes
PERSONAL USE		
In the past year, have you		
smoked cigarettes or used other tobacco products?	□ No	□Yes
In the past year, have you		
had more than a few sips of beer, wine, or any drink containing alcohol?	□ No	□ Yes
In the past year, have you:		
- sniffed or "huffed" anything;		
<ul> <li>taken illegal drugs like marijuana (weed, blunts), cocaine, etc;</li> </ul>		
- taken prescription medications that were not prescribed for you; or		
<ul> <li>taken prescription or over-the-counter medications and took more than you w</li> </ul>	ere supposed t	□ Yes
ITE DRUGS ARE ENDORSED IN THE PERSONAL USE OUESTION, AS	K THE FOLL	
(IF DRUGS ARE ENDORSED IN THE PERSONAL USE QUESTION, ASI		
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Which of the following substances have you used in the past year? (check all th  Marijuana or Hashish		
Which of the following substances have you used in the past year? (check all th  Marijuana or Hashish  Cocaine or crack		
Which of the following substances have you used in the past year? (check all th  Marijuana or Hashish  Cocaine or crack  Heroin		
Which of the following substances have you used in the past year? (check all th  Marijuana or Habibb  Cocaine or crack  Heroin  Amphetamines or methamphetamine (nonpharmaccutical)		
Which of the following substances have you used in the past year? (check all the Marijums or (talknith)  Cocates or creek  Heroin  Ampletamines or methamphetamine (noopharmaccutica)  Hallucinogene (e.g. Mushrooms, I.SD)		
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Which of the following substances have you used in the past year? (check all the Martiguan or Hashib)  Cocaine or each  Hersin  Ampletamines or mechamphotamine (nonpharmaceutical)  Hallucinogene (eg. Mushrooms, LSD)  Inhalaucinogene (eg. Mushrooms, LSD)	nat apply)  of prescribed foundid, methado	OWING:
Which of the following substances have you used in the past year? (check all the following substances have you used in the past year? (check all the Cocking or crack)    Meripian or Hashinh   Cocking or crack    Heroin   Amphetaminos or mechamphetamino (noopharmaceutica)     Ishlaucinogene (e.g., Mushrooms, LSD)     Ishlau	nat apply)  of prescribed foundid, methado	OWING:
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#### Other Screening Tools & Resources

- NIAAA Youth Guide this simple, quick, empirically derived tool is used to identify risk for alcohol-related problems in adolescents ages 9-18 years.
   http://www.niaga.nih.gov/Publications/EducationTrainingMaterials/Pages/YouthGuide.aspx
- NIDA Quick Screen this is a free, online screening tool for health professionals to assess risk of use of alcohol, tobacco, prescription drugs, or illegal drugs.
   <a href="https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen">https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen</a>
- Drug Abuse Screening Test (DAST-20 and DAST-10) this brief screening tool is used with older adolescents and adults to assess degree of drug-related problems.
   <a href="https://sbirt.webs.com/DAST%20multiple%20versions.pdf">https://sbirt.webs.com/DAST%20multiple%20versions.pdf</a>
- □ Tobacco, Alcohol, Prescription medication, and other Substance use Tool (TAPS) is a 4-item screen for tobacco, alcohol, illicit drugs, and non-medical use of prescription drugs. Provides a two stage brief assessment adapted from the NIDA quick screen and brief assessment (adapted ASSIST-lite). Combines screening and brief assessment for commonly used substances, eliminating the need for multiple screening and lengthy assessment tools. <a href="https://www.drugabuse.gov/taps/#/">https://www.drugabuse.gov/taps/#/</a>

## Other Screening Tools & Resources

- Alcohol Use Disorder Identification Test (AUDIT) developed by the World Health Organization this 10item alcohol screening tool is used to detect hazardous and harmful use, as well as to identify potential alcohol dependence. Primarily used with young adults and adults (age 18 and older) but has been validated for use with adolescents (under age 18). <a href="https://www.integration.samhsa.gov/clinical-practice/sbirt/AUDIT\_Manual, 2.pdf">https://www.integration.samhsa.gov/clinical-practice/sbirt/AUDIT\_Manual, 2.pdf</a>
- Alcohol Use Disorders Identification Test, Adapted for Use in the United States: A Guide for Primary Care Practitioners (USAUDIT) this tool is adapted from the AUDIT for use in the U.S. It identifies individuals with risky patterns of alcohol consumption and who may have an alcohol use disorder based on drinking guidelines set by NIAAA using the definition of standard drink (14 grams) in the U.S. <a href="https://sbirt.webs.com/USAUDIT-Guide 2016 final-1.pdf">https://sbirt.webs.com/USAUDIT-Guide 2016 final-1.pdf</a>
- □ Global Appraisal of Individual Need Short Screen (GAIN-SS) a screening tool recommended for adolescents, young adults, and adults. It takes approximately 3-5 minutes to administer and assesses level of risk for mental health and conduct problems, alcohol and/or drug use and crime or violence. <a href="http://www.gaincc.org/GAINSS">http://www.gaincc.org/GAINSS</a>
- A summary of adolescent screening tools are included in the NIAAA published resource, Assessing Alcohol Problems: A Guide for Clinicians and Researchers. See Chapter 5 for adolescent measures. <a href="http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/index.pdf">http://pubs.niaaa.nih.gov/publications/AssessingAlcohol/index.pdf</a>

#### **Fact Sheets**



#### Learn More About The Toolkit

 Adolescent SBIRT Toolkit Tour: http://my.ireta.org/node/1173



#### References

- □ Learner's Guide to Adolescent SBIRT
  - McPherson, T., Goplerud, E., Bauroth, S., Cohen, H., Storie, M. Joseph, H., Schlissel, A., King, S., & Noriega, D. (2019). Learner's Guide to Adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT). Bethesda, MD: NORC at the University of Chicago.
- ☐ U.S. Preventive Services Task Force
- American Academy of Pediatrics
  - <u>Substance Use Screening</u>, <u>Brief Intervention</u>, <u>and Referral to Treatment for Pediatricians (2011)</u>
  - Substance Use Screening, Brief Intervention, and Referral to Treatment (2016)
  - Alcohol Use Screening and Behavioral Counseling With Adolescents in Primary Care: A Call to Action (2018)

#### References

- □ CRAFFT Original, 2.0, 2.1, +N 2.1
  - □ CRAFFT website: <a href="http://crafft.org/">http://crafft.org/</a>
  - CRAFFT publications including links to validation articles and presentations: http://crafft.org/about-the-crafft/#pubs
- □ S2BI
  - Development article:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270364/

■ S2BI Toolkit (Manual): <a href="https://www.mcpap.com/pdf/S2BI%20Toolkit.pdf">https://www.mcpap.com/pdf/S2BI%20Toolkit.pdf</a>

■ S2BI Quick Guide: <a href="https://www.mcpap.com/pdf/SBIRT\_Handout.pdf">https://www.mcpap.com/pdf/SBIRT\_Handout.pdf</a>

#### **SBIRT Technical Assistance**

Do you have questions about SBIRT implementation, evaluation, or training?

Schedule a free telephonic technical assistance session.

SBIRT Team: <u>SBIRTTeam@norc.org</u>
Dr. McPherson: <u>Mcpherson-Tracy@norc.org</u>



#### In Our Last Few Moments...

- □ CEUs: Approved for 1 hour Substance Abuse Continuing Education Unit
- □ Follow-up Email: CSAT Baseline & 30 Day Follow-up Survey
- □ IDPH Webinars:
  - <a href="https://idph.iowa.gov/substance-abuse/families-in-focus">https://idph.iowa.gov/substance-abuse/families-in-focus</a>
  - https://register.extension.iastate.edu/adolescent





## Thank you



#### Tracy McPherson, PhD

Senior Research Scientist
Public Health Department
NORC at the University of Chicago
4350 East West Highway 8th Floor
Bethesda, MD 20814
McPherson-Tracy@norc.org



